

Steven Bellone
Suffolk County Executive



Samuel Chu
Commissioner

SUFFOLK COUNTY DEPARTMENT OF LABOR, LICENSING & CONSUMER AFFAIRS

P.O. Box 6100, Hauppauge, NY 11788-0099 (631) 853-4604 FAX (631) 853-4825

ACTIVATION OF EXPIRED OCCUPATIONAL LICENSE APPLICATION

I acknowledge that my Occupational License expired on _____.

I hereby make application and request that I be granted permission to renew my Occupational License
_____.

I hereby request that Suffolk County Consumer Affairs waive its right to have me submit a new application
for an Occupational License.

I hereby acknowledge that my Occupational License will now expire on _____.

I agree to pay the sum of _____ dollars as a late penalty fee for renewal of license # _____.

I agree to submit a current Certificate of Insurance.

**I acknowledge that this is a one-time license activation. If I fail to renew my license prior to the
expiration date of _____, I understand that my license will be rendered null &
void and I will be required to apply for a new license.**

**Conducting a business for which a license is required without having a valid license is a crime.
Violators will be prosecuted and are subject to a fine of not more than five thousand (\$5,000.00)
dollars or imprisonment for not more than one year or both.**

Licensee signature

Date

Please note that late penalties will continue to accrue if this license is not renewed in a timely manner!